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University of Connecticut
Health Center

UConn Health Center

2005 Clinical Annual Report

Steven L. Strongwater, MD
September 1, 2005

UConn Health Center: 2005 Clinical Annual Report

Executive Summary

The clinical arm of UConn Health Center has had a successful year. Consisting of UConn Medical Group (faculty practice plan), John Dempsey Hospital and the Correctional Managed Health Care Program (CMHC), progress has been made toward six Board of Directors approved goals: fostering high quality health care, fostering academic connections, moving toward becoming the employer of choice, management effectiveness, community connections and regional reputation. Numerous awards have been won by JDH and UMG faculty including national recognition of JDH as a clinical best performer in the CMS Hospital Compare Program and appointment of Dr. Runowicz as the President of the American Cancer Society. Additionally, UCHC has become recognized as a center of excellence for Correction Health Care. Financially, the combined clinical enterprise finished the year with an \$8 million profit on revenues of \$360 million.

Table of Contents

	<u>Page</u>
Introduction	1
Statistical Indicators and Financial Performance	3
Collaborative Center for Clinical Care Improvement	5
UConn Medical Group	6
John Dempsey Hospital	16
Center for Correctional Managed Health Services Research	21
Correctional Managed Health Care	22
Conclusion	24

Introduction

The University of Connecticut Health Center has adopted six goals for the clinical enterprise.

1. To provide high quality care
2. To foster academic connections
3. To be the employer of choice
4. To demonstrate management effectiveness
5. To assure community connections
6. For our reputation to be recognized by the citizens of Connecticut

Care is provided to patients by 400 clinical faculty in multiple settings. UConn Medical Group (UMG), the faculty practice plan of the medical school, provides patient care on our main campus in Farmington, as well as in satellite offices located in East Hartford, West Hartford and Simsbury. Faculty outreach is provided in other locations throughout the state, including at other hospitals, nursing homes, private physician offices and in collaboration with other state agencies such as with the Department of Corrections. John Dempsey Hospital (JDH) is a 224 bed acute care general University Hospital in Farmington.

John Dempsey Hospital received several **awards and recognition** in fiscal year (FY) 2005.

- Core Measures. In 2004, a variety of clinical outcomes measures became available to the public. The initial set of medical outcomes was defined by the Centers for Medicare and Medicaid (CMS) and is referred to as “*core measures*.” The core measures are meant to capture important aspects of care. JDH has continuously been ranked among the best performers in Connecticut. In several categories, JDH scored 100%.
- The Connecticut Quality Improvement Partnership awarded JDH two Silver Awards for “Safe Patient Lifting” and a “case management software initiative”.
- Market Recognition.
 - Solucient, a nationally respected medically oriented market research firm, awarded JDH their “Top 100 Hospitals, Performance Improvement Leaders Award-2004.” This award is given for consistent improvement over five years compared to peer hospitals. The award compares performance in nine categories including clinical and financial results. The 2005 edition of The State of the Hospital Industry Handbook also recognized JDH with its highest five star rating.
 - The Celebrate Aging Marketing Program earned a bronze award in the category Total Marketing/Advertising Program in a competition sponsored by the Mature Market Resource Center. The National Mature Media Awards recognize the best advertising, marketing and educational materials produced for older adults. More than 1,200 entries were submitted to the competition.
- Accreditation. JDH achieved accreditation status for several of its departments including:
 - Laboratory Medicine (American Red Cross Certification (12/04); Blood Bank, FDA Certification (01/05); College of American Pathologists (04/05) Diagnostic Laboratory, Blood Bank);
 - Diagnostic Imaging and Therapeutics. Vascular and general ultrasound laboratories (American College Radiology); The Magnetic Resonance Imaging (MRI) program.
 - Cancer. The American College of Surgeons Commission on Cancer awarded the Cancer Program reaccreditation with commendation. Special recognition was noted for outstanding clinical trials enrollment and community outreach programs. This is awarded to only 25% of programs. The American College of Surgeons also approved the Tumor Registry.
 - OB/GYN Residency Review granted a five year certification, the longest certification possible for a residency program. Successful REI Fellowship Review 3 year renewal.
 - Urology Residency – ACGME has approved an increase in the complement of residents for 2 residents a year to 3 residents a year effective July 1, 2006.

The **Collaborative Center for Clinical Care Improvement (CCCCI)** formally began operations in December 2004. This center is dedicated to making JDH the safest hospital in the state. Beyond this, the CCCCCI is working to improve patient safety and outcomes in all settings, using inter-professional approaches for problem solving. James Menzoian, MD and Rhea Sanford, RN PhD were appointed the medical and nursing directors, respectively. Five work groups have been established focused on medication management, pain management, falls reduction, nosocomial infection reduction, and cultural transition of the workforce. A roadmap to enhance patient care in the ambulatory setting is under development. The Center has developed close collaborations with the UCHC research community, particularly the Health Policy and Primary Care Research Center under the direction of Dr. Judith Fifield, and the evolving Center for Public Health under the leadership of Eileen Storey, MD and Ann Ferris, PhD, RD. The CCCCCI is also collaborating and coordinating its work with several external groups including Qualidigm, the Connecticut Hospital Association and the Department of Public Health.

The **Medical Arts and Research Building (MARB)** opened in June. This state of the art facility is the first significant expansion for UMG over the past ten years. It houses the components of the Musculoskeletal Signature Program including orthopedics, rheumatology, osteoporosis and neurosurgery. The Farmington Surgery Center, an ambulatory surgery center a joint venture of John Dempsey Hospital and under the management of Health Resources International (HRI), is housed on the second floor of the MARB and began its operations in June. Planning is underway to convert the Administrative Services Building into a UMG clinical facility in keeping with developing the lower campus as an ambulatory care zone, consistent with our master space plan.

Network Development

- UCHC has worked to establish a relationship with two Waterbury Hospitals, Waterbury and Saint Mary's Hospitals. UCHC faculty and JDH staff have successfully enabled the development of the Waterbury Area Heart Center which will provide full service cardiac surgery and angioplasty.
- Similarly, neonatal faculty and NICU staffs are in the process of supporting the Eastern Connecticut Hospital Network, comprised of Rockville and Manchester Hospitals, in the development of a level II neonatal nursery.
- Faculty have also provided clinical services throughout the state, importantly, reaching out to hospitals far from JDH, including Windham, Sharon and Norwalk Hospitals, in addition to continuing our longstanding relationships with Hartford and Saint Francis Hospitals.
- Geriatrics faculty continue their work with assisted living facilities, nursing home another senior living programs to assure high quality on-site services and coordination of patient of patient care.
- Our **Correctional Managed Healthcare Program** finished its tenth year working in support of the Department of Corrections. This partnership has enabled the work of both state agencies' missions.

Statistical Indicators & Financial Performance

The combined operations of JDH and UMG have finished the year profitably.

John Dempsey Hospital

Based on the continuing four year trend of increased inpatient and outpatient volume and the successful realization of several third party settlements, John Dempsey Hospital's net patient revenue increased to \$210 million representing a 14% increase over the 2004. Also continuing a multi-year trend, the growth in outpatient revenue continues to outpace the growth in inpatient revenues. Outpatient revenues represent 45% of total patient revenue and have increased 13% during 2005. Surgical volume lagged the prior year by approximately 5%.

Total operating expenses increased to \$203 million representing an 11% increase over the 2004. Three categories represent approximately 70% of the total increase, namely salary, fringe benefit costs and drugs and medical supplies. The volume adjusted increase in operating expenses measured by the key performance indicator, Operating Expenses per Adjusted Discharge is 3% over the prior year.

Excess revenues over expenses of \$8.5 million generated a 4% profit margin for the fiscal year.

John Dempsey Hospital

	2005	2004	Variance	%
Discharges	9,842	9,384	458	4.9%
Outpatient Visits	360,443	324,456	35,987	11.1%
Adjusted Discharges	17,910	16,712	1,198	7.2%
Financial (millions)				
Patient Revenues	\$ 209.8	\$ 184.6	\$ 25.2	13.7%
Other Revenues	\$ 1.6	\$ 2.4	\$ (0.8)	-33.3%
Expenses	\$ 202.9	\$ 183.7	\$ 19.2	10.5%
Excess revenues/(expenses)	\$ 8.5	\$ 3.3	\$ 5.2	157.6%
Key Performance Indicators				
Net Revenue /Adjusted Discharge	\$ 11,716	\$ 11,045	\$ 671	6.1%
Total Expense/Adjusted Discharge	\$ 11,327	\$ 10,992	\$ 335	3.0%

UConn Medical Group (UMG)

Despite unfilled vacancies in key physician positions occurring at various times throughout 2005 unique patient visits and patient revenue increased from 2004 to 502,000 visits (1%) and \$66 million (2%) respectively.

Overall operating expenses increased to \$67 million, and are 3% over 2004. Significant variances occurred in Indirect Expenses principally due to the allocation of Human Resource costs of \$400,000 and Malpractice costs of \$660,000. The physician expenses category which represents 44 % of total expenses decreased to \$30 million. This is 7% less than 2004 principally due to unfilled physician vacancies during the year. The volume adjusted increase in operating expenses measured by total expense per unique visit is less than 2%.

The combination of unfilled physician vacancies and increased allocations of indirect expenses resulted in an Excess of expenses over revenues of \$516,000.

UConn Medical Group (UMG)

	2005	2004	Variance	%
Unique Visits	501,659	495,809	5,850	1.2%
Financial (millions)			-	
Patient Revenues	\$ 66.2	\$ 64.7	\$ 1.5	2.3%
Other Revenues	\$ 0.40	\$ 0.60	\$ (0.20)	-33.3%
Expenses	\$ 67.10	\$ 65.30	\$ 1.80	2.8%
Excess revenues/(expenses)	\$ (0.50)	\$ -	\$ (0.50)	
<u>Indicators by Unique Visits</u>				
Gross Charge	\$ 286.35	\$ 280.07	\$ 6.28	2.2%
Net Revenue	\$ 132.86	\$ 131.74	\$ 1.12	0.9%
Total Expense	\$ 133.89	\$ 131.65	\$ 2.24	1.7%

Other Notable Financial Achievements:

- Completed the KPMG audits of Fiscal Year 2004 on time and with no audit adjustments.
- Accounts Receivable Management was successful in the continued lowering of Days Revenue in Accounts Receivable for both the JDH and UMG. JDH is at 40 days, compared to average of CHA members of 50 days. UMG is at 44 days, compared to the average of AAMC reporting institutions of 66 days
- Materials Management implemented recommendations from the “Renoir” consulting engagement resulting in over \$1.0 million in savings
- Settlements of prior year Medicare cost reports (1998, 99 & 2000) generated cash receipts of over \$9.1 million. This result is from follow-up of appeals that were submitted and the cash received is \$7.0 million higher than the original filed reports indicated.
- Other Medicare re-openings for corrections and issues around Dental residents generated additional cash payments from Medicare of \$1.4 Million.
- Taking advantage of the opportunity created by the Medicare Modernization Act of 2003, JDH received approval for a revised wage index that increased reimbursement by over \$2.5 million

Signature Programs

Recruitment, Research and Business Opportunities

The Calhoun Cardiology Center monitoring report was presented by Dr. Bruce Liang, Cardiovascular Signature Program Director, to the Board of Directors in December '04. The report revealed we were on target with recruitments and research, bringing in \$2.7 million in cardiology research funds. These funds do not include vascular cardiology at this time. Clinical Electrophysiology Lab and outreach partnerships are in the planning phases.

The Carole & Ray Neag Comprehensive Cancer Center related grants, total \$16.6 million for 2004 through March 31, 2005. Dr. Runowicz, the Cancer Signature Program Director, is focusing on creating the Connecticut Clinical Trials Network, Gastrointestinal Multidisciplinary Group with Colon Cancer Prevention, and the Cancer Navigator program. In August 2004, the UConn Health Center's Cancer Program received a \$10 million philanthropic gift from Carole and Ray Neag of Torrington, CT to develop a comprehensive cancer center and research program. The Cancer Center was renamed "The Carole and Ray Neag Comprehensive Cancer Center" in September 2004.

The Carol & Ray Neag Comprehensive Cancer Center also signed a collaboration agreement between American Cancer Society and UCHC to provide comprehensive, state-of-the-art patient care and support services to cancer patients, to reach out to all community members to raise awareness of cancer, to build and maintain support for the fight against cancer, and to encourage cancer prevention and early detection at all levels in the community.

The Musculoskeletal Institute has three active recruits for FY05, one of which is the Director position. Research for the MSI is \$5.3 million for 2004 through March 31, 2005, as the base year. The focus has been completing construction and opening the Medical Arts and Research Building, Farmington Surgery Center, and Dental Implant Center.

Financial Performance Overview

- For the first nine months of FY05, the combined Signature Programs including the Pat and Jim Calhoun Cardiology Center, The Carole and Ray Neag Comprehensive Cancer Center and the Musculoskeletal Institute have experienced an overall increase of 5,495 patient encounters over the first 9 months of FY04. This is an increase of 4.54% growth in volume. The combined programs saw an increase of 114 inpatient discharges and 5,381 outpatient encounters. There has been an approximate 19% increase in patient volume in fiscal year 2005 as compared to 2004. New programs include emphasis on cancer prevention and innovative screening and early detection strategies as well as state of the art technologies and patient services.
- Each of the three programs experience significant increases in their net margins. The combined net margins grew from \$6.5 million last year to \$8.3 million YTD. This increase of approximately \$1.8 million equals a 27% growth in net margins.
- The increase in the overall net margins for the three Signature Programs can be attributed to a number of performance improvement programs implemented over the past year.

Collaborative Center for Clinical Care Improvement

The Collaborative Center for Clinical Care Improvement (CCCCI) was introduced to UCHC employees on December 8, 2004. Volunteers joined one of five work groups: Culture Assessment, Medication Safety, Nosocomial Infections, Pain Education and Management, and Patient Falls.

Preliminary Work

- Culture Assessment: All UCHC employees have been surveyed to gather employee perceptions of the work environment and culture of UCHC. An action plan will be implemented after completion of data analysis that is in process at this time.
 - Medication Safety Group plans to complete a survey to assess the status of UCHC practices in ordering, dispensing and administration of patient medications.
 - Nosocomial Infection Group has developed four subgroups to review: infection related to central lines, hand washing practices among care providers, surgical infection prevention practices, and the process to ensure influenza vaccinations for identified patients and staff.
 - Pain Education and Management is: developing a computer based education program to facilitate education on pain assessment and management for a range of health care providers; evaluating methods to provide alternatives/adjuncts to medications to relieve patient pain; and evaluating pain management with existing surgical populations.
 - Patient Falls Group completed the implementation of a Fall Risk Identification Tool and Treatment Plan to address the care for patients assessed as at risk to fall. A new project to implement a protocol to assess and treat patients with Delirium is being initiated.
 - CCCCCI moved to a department location at LM-032 in May 2005. This is on the same corridor as Hospital Administration. All staff primarily involved in CCCCCI have offices at this site.
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UConn Medical Group

UConn Medical Group (UMG)

UMG is a dynamic faculty practice plan that is making long-term investments in facilities, technology, people and faculty. UMG is comprised of more than 400 highly trained and respected clinician-academicians. Annual visits are 500,000.

Managing expenses in an aggressive manner while implementing productivity enhancements and maintaining a focus on customer service have been key themes over the last year. UMG actively managed its expenses and will finish the fiscal year close to \$2,000,000 below its budget for operating expenses, although UMG finished the year with a loss of \$516,000. This is due to faculty turnover and delays in recruitment. Recruitment of clinical faculty to academic medical centers is a national problem (Bickel J. and Brown A. Generation X: Implications for Faculty Recruitment and Development in Academic Health Centers. Academic Medicine 2005, 80 (3) 205- 210).

Awards and Recognition

Numerous faculty were named to lists of best practice:

- **Micha Abeles**, MD – Hartford Magazine’s First Annual Top Doctors 2004
- **Peter Albertsen**, MD – Best Doctors in America 2005-2006
- **Robert A. Arciero**, MD – Connecticut Magazine’s Best Doctors in Connecticut 2005; Best Doctors in America 2005-2006
- **Andrew Arnold**, MD - Best Doctors in America 2005-2006
- **Claudio Benadiva**, MD – America’s Top Ob-Gyns/The Consumer Research Council of America 2004-2005; Best Doctors in America 2005-2006
- **Robert Bona**, MD - Best Doctors in America 2005-2006
- **Herbert Bonkovsky**, MD - Best Doctors in America 2005-2006

- **Bruce Browner, MD** – Connecticut Magazine’s Best Doctors in Connecticut 2005 & America’s Top Docs 2005; Best Doctors in America 2005-2006
- **Winston Campbell, MD** - Best Doctors in America 2005-2006
- **Mary Chang**, 2004-5 Selected as one of “America’s Top Pediatricians” by Consumers’ Research Council of America.
- **Patrick Coll, MD** - Best Doctors in America 2005-2006
- **Robert Cushman, MD** - Best Doctors in America 2005-2006
- **James O. Donaldson III, MD** - Best Doctors in America 2005-2006; Hartford Magazine’s Greater Hartford Top Docs
- **Robert Dowsett, MD** - Best Doctors in America 2005-2006
- **Peter O. Duffy, MD** - Best Doctors in America 2005-2006
- **James F. X. Egan, MD** -- Connecticut Magazine’s Best Doctors in Connecticut 2005; Best Doctors in America 2005-2006
- **Kevin Felice, DO** - Best Doctors in America 2005-2006; Hartford Magazine’s Greater Hartford’s Top Docs
- **Richard A. Garibaldi, MD** - Best Doctors in America 2005-2006
- **Jane Grant-Kels, MD** – Best Doctors in America 2005-2006; Included in Who’s Who Among America’s Teachers®, 2004, eighth edition; Listed in National Register’s Who’s Who in Executives and Professionals, 2004-2005 edition; Listed in Strathmore’s Who’s Who 2004-2005 edition. Listed in 2006-2007 25th Silver Anniversary Edition of Who’s Who Of American Women®, Marquis Who’s Who publication: Listed in Who’s Who Among America’s Teachers®, 2005-2006, ninth edition (educational communication, inc.: 1701; Listed in Empire Who’s Who of Women in Education 2005/2006 , “Honors Edition”_of the registry.
- **Diane Hoss, MD** – Top Docs for Women – Connecticut Magazine; Top Docs Hartford Magazine; Best Doctors in America 2005-2006; Marquis Who’s Who in medicine and healthcare.
- **Andre Kaplan, MD** - Best Doctors in America 2005-2006
- **Lynn Kosowicz, MD** - Best Doctors in America 2005-2006
- **Henry Kranzler, MD** - Best Doctors in America 2005-2006
- **Denis Lafreniere, MD** - Best Doctors in America 2005-2006
- **Gerald Leonard, MD** - Best Doctors in America 2005-2006
- **Donald B. Maier, MD** - Best Doctors in America 2005-2006
- **Mark Metersky** w selected for Castle-Connolly, America’s Top Doctors for 2005
- **Carl Malchoff, MD** - Best Doctors in America 2005-2006
- **John D. Nash, MD** – Connecticut Magazine’s Best Doctors in Connecticut 2005; Best Doctors in America 2005-2006
- **Marc Paradis, MD** - Best Doctors in America 2005-2006
- **Ann Parke, MD** - Hartford Magazine’s First Annual Top Doctors 2004; Best Doctors in America 2005-2006
- **Anthony Peluso, MD** - Best Doctors in America 2005-2006
- **Louis Reik, MD** - Best Doctors in America 2005-2006; Hartford Magazine’s Greater Hartford Top Docs
- **Ted Rosencrantz, MD**, Named to the National Registrar’s Who’s Who for Executives and Professionals.
- **Marti J. Rothe, MD** – Hartford Magazine’s First Annual Top Doctors 2004; Best Doctors in America 2005-2006
- **Carolyn D. Runowicz, MD** - Best Doctors in America 2005-2006
- **Jonathan S. Schreiber, MD** - Best Doctors in America 2005-2006
- **Peter Schulman, MD** - Best Doctors in America 2005-2006
- **John Shanley, MD** - Best Doctors in America 2005-2006
- **Kevin Shea, MD** - Best Doctors in America 2005-2006
- **Kamal Shoukri, MD** - Best Doctors in America 2005-2006
- **Jeffrey D. Spiro, MD** - Best Doctors in America 2005-2006
- **Steven L. Strongwater, MD** – Best Doctors in the Greater Hartford Region 2005; Best Doctors in America 2005-2006

- **Gail M. Sullivan, MD** - Best Doctors in America 2005-2006
- **Amir Tulchinsky, MD** - Best Doctors in America 2005-2006
- **Diane Whitaker-Worth, MD** - Top Docs for Women – Connecticut Magazine; Top Docs Hartford Magazine; Best Doctors in America 2005-2006; Marquis Who's Who in medicine and healthcare; Academic Keys Who's Who in medical sciences education; Top Docs for Women Connecticut Magazine
- **Andrew Winokur, MD** - Best Doctors in America 2005-2006

Other Notable Accomplishments:

Anatomic Pathology

Poornima Hegde, MD Assistant Professor Anatomic Pathology

- Member, Education Development Committee, American Society of Cytopathology (2004-2005).
- Workshop presented at the 52nd Annual Scientific Meeting of the American Society of Cytopathology, November 2004.

Cancer

Carolyn D. Runowicz, MD

- Named President-elect of American Cancer Society
- Appointed to National Cancer Advisory Board, 2004 – 2010
- Richard E. Symmonds 20th Annual Lecture (10/04)
- Northern New England Clinical Oncology Society Lecture (10/04)
- Officially recognized as the Northeast Utilities Endowed Chair in Experimental Oncology in a ceremony at Storrs

Ravij Chandawarkar, MD

- Dr. Chandawarkar was appointed Division Chief, Plastic and Reconstruction Surgery in June 2005.

Scott Kurtzman, MD

- Named Director of Surgery at Waterbury Hospital Health Center in Waterbury, CT (April 2005).

Joel Levine, MD

- Developed the Colon Cancer Prevention Program: a multidisciplinary program integrating cores of basic, translational and clinical research. Its focus is on prevention for patients at high risk for colon cancer.

Zihai Li, MD

- Invited to be a charter member of the Cooperative Ovarian Cancer Group for Immunotherapy - a group of nationally and internationally recognized leaders in the field of tumor immunology and cancer immunotherapy.
- The Leukemia and Lymphoma Society Clinical Scholar.

John D. Nash, MD

- Invited to be a charter member of the Cooperative Ovarian Cancer Group for Immunotherapy-a group of nationally and internationally recognized leaders in the field of tumor immunology and cancer immunotherapy.

Douglas E. Peterson, MD

- Dr. Peterson continues to serve as member of National Cancer Institute (NCI) Subcommittee E. In this capacity, he participated in three Subcommittee review meetings, and chaired two study sections for P01 cluster reviews from July 2004-June 2005.
- Appointed a special government employee for the Food & Drug Administration in the Fall of 2004 to provide strategic and technical input regarding modeling for drug and device interventions for mucosal injury in cancer.
- Dr. Peterson writes the text relative to oral complications of cancer therapy, for the NCI PDQ website. To date, he has authored the first and second versions over the past five years. He has been invited to serve again as the principal author for the 3rd edition; these revisions are now in process.

John Taylor, MD

- American Geriatrics Society 2005 Dennis W. Jahnigen Development Scholars Award.

- Appointed as Cancer Committee Chairman (June 2005).

Kristen A. Zarfes, MD

- Awarded the Elizabeth Blackwell Award for her commitment to providing health care for women and children by the National Organization for Women.
- Recognized by the UCHC during National Women's History Month ceremonies for the contributions she has made in advancing the awareness of women's history by contributing to change.
- Named Director of Breast Surgery at the Neag Comprehensive Cancer Center.
- Received grants from the Susan B. Komen Breast Cancer Foundation and from the Connecticut Breast Initiative for outreach in breast cancer early detection.

Clinical Pathology

Patricia T Pisciotto MD

- Elected member of the Board of Directors of American Association of Blood Banks (AABB) since 2003
- Appointed to NHLBI working group on Pediatric Transfusion Therapy

Sidney M Hopfer, PhD

- Appointed to Connecticut Poison Control Center medical advisory committee
- Recipient of Clinical Scientists of the Year Award (2005), Association of Clinical Scientists

Gregory S Makowski PhD

- Received the Clinical Chemist Recognition Award from the American Association of Clinical Scientists
- Elected to the Scientific Council of the Association of Clinical Scientists
- Invited to serve on the Subcommittee on Validation of Risk Management by the Clinical and Laboratory Standards

Dermatology

Jane M. Grant-Kels, MD

- Named one of the "Women Who Have Changed UConn" March 17, 2005
- Appointed by the President of the American Academy of Dermatology to the Scientific Assembly Council of the AAD and Summer Meeting Task Force 2004-2008
- 2004 Leadership Award: Awarded by the Connecticut Dermatology and Dermatologic Surgery Society: "In recognition of her outstanding leadership, dedication and commitment to improving the healthcare in Connecticut."
- Nominated for the Cornell University Medical College 2005 Award of Distinction.
- Nominated for recognition and ratified as an inaugural member of the International Biographical Centre "Leading Educators of the World 2005" distinction (sponsored and administered by the International Biographical Centre, Cambridge, England).

Medicine

General Medicine:

- The Internal Medicine Residency program was the State champion in the Annual Medical Jeopardy Competition .
- First Prize. Student and Resident 1st Annual Quality Improvement Symposium, UCHC, June 1. Mary Ann Lim, Lalarukh Haider, Nancy Day Adams: Iron Stores in a Chronic Kidney Disease (CKD) Clinic Patient Population.

Andrew Arnold

- Co-Chair, Symposium on Diagnosis, Treatment, and Counseling Issues for Multiple Endocrine Neoplasia Syndromes, Ninth International Workshop on Multiple Endocrine Neoplasia (MEN2004), Bethesda, MD.

Nasheer Burki

- Received a certificate of appreciation from the American College of Chest Physicians for his service on the editorial board of Chest.

Kevin Dieckhaus

- Community Dental Collaboration: New Department of Public Health funded program.
- Medication Adherence program, funded by two DPH grants (Title I and Title II respectively). The role of Dr. Dieckhaus's grant is to place an adherence nurse in 7 clinical sites in Hartford, New Britain, and Waterbury to provide patient-focused adherence counseling and follow-up.

Raymond Foley

- Awarded the pulmonary division's primary teaching award, the David Scott Frederick award. It is given by the fellows for excellence in teaching.

James Freston

- Received an American Gastroenterology Association Mentor Honoree Award during Digestive Disease Week, 2005. He continues as Chairman of the Foundation for Digestive Health and Nutrition.

Richard Garibaldi

- Named to be Vice Chairman of the Education Committee of the Association of Professors of Medicine.

Andre Kaplan

- Received the David Frederick, MD Award for faculty teaching from the Internal Medicine Residency Class of 2005.

Lynn Kosowicz

- Named to the Christy/Cornell listing of Top Docs in Primary Care.

John Meyer

- Elected president of the Association of Occupational and Environmental Clinics. He was also elected chair of the Occupational Medicine Residency Directors Association for 2005-2006.

Anne Parke

- Invited to chair and lecturer, Fourth International Conference on Sex Hormones, Pregnancy and the Rheumatic Diseases.

Joseph Palmisano

- Received the Kaiser-Permanente Award from the Class of 2005.

Larry Raisz.

- Appointed to National Arthritis and Musculoskeletal and Skin Diseases Advisory Council of NIH. Appointed to Atorvastatin Research Awards Review Committee.
- Appointed to American Federation for Aging Research Review Committee.
- Invited Speaker 6th International Symposium on Osteoporosis, Washington.

Adam Silverman

- Received a T. Hamilton Stewart Award which will help to fund his participation in a leadership training course at the Harvard School of Public Health.

Eileen Storey

- Published *Guidance for Clinicians on the Recognition and Management of Health Effects Related to Mold Exposure and Moisture Indoors* (disseminated to a national audience by the EPA).

George Wu

- Named to an NIH study section in 2005.

Neonatology**Naveed Hussain**

- Elected President of the New England Perinatal Society. (New England Region).
- Accepted member of the Society for Pediatric Research. (National).

- Faculty Teaching Award 2004-05 from graduating Pediatric Residents from the UCONN program.

John Casey

- Teaching Award given by the Pediatric Residents from the UCONN Program.

Fola Kehinde

- A first year fellow, mentored by **Drs. Rosenkrantz** and **Hussain**, received the Clinical Research Award for a Trainee at the Annual Meeting of the New England Perinatal Society. Her research was on ventilator associated pneumonia in the NICU population.

Ted Rosenkrantz

- Co-author Neonatal CPT coding in “Coding for Pediatrics, 2005.”

Neurology

Leslie Wolfson

- Awarded NIH RO1 Grant from National Institute on Aging to study brain changes and risk factors causing impaired mobility.

Obstetrics and Gynecology

Claudio Benadiva

- Given the “Family Building Award.” The American Fertility Association, The Kokopelli Ball, New York, October 2004.

Adam F. Borgida

- APGO-CREOG Excellence in Teaching (residents) award.

Ross A. Glasmann

- Ob-Gyn residents teaching award in July of 2004.

Orthopedics

Gus Mazzacca

- Richard B Caspari Award (Best International Upper Extremity Paper)—Drs. Mazzocca and Arciero win award at ISAKOS Congress for (Arthroscopic Single Versus Double Row Suture Anchor Rotator Cuff Repair).
- Best Scientific Exhibit 2005 AAOS Annual Meeting—Dr. Mazzocca, et al, (Subscapular Dysfunction after Total Shoulder Arthroplasty: Biomechanical and Clinical Evaluation of a Novel Lesser Tuberosity Osteotomy Repair Technique).

Robert Arciero (see Richard B Caspari Award and Best Scientific Exhibit 2005 above)

- Best Reviewer Journal of Arthroscopy 2005.

Psychiatry

Wally Deckel

- The Huntington’s Disease Program Staff awarded the Douglas Marr Humanitarian Award, presented by the Huntington’s Disease Society of America, on April 29, 2004.
- Dr. Wally Deckel appointed to Huntington’s Disease Advocacy Committee of the Huntington’s Disease Society of America.

Surgery

Peter C. Albertsen, Professor of Surgery, Division of Urology

- Board of Directors Faculty Recognition Award. 2005

Rajiv Chandawarkar, Assistant Professor of Surgery, Division of Plastic and Reconstructive Surgery

- Appointed Division Chief, Plastic & Reconstructive Surgery at the UCHC. 2005

Michael S. Dahn, Professor of Surgery, Division of Vascular Surgery

- 1 of 3 physicians elected to Carotid Angioplasty Proctorship by Guidant. 2005

Wayne A.I. Frederick - Assistant Professor of Surgery, Division of General Surgery

- Best Teacher - UConn Surgical Residency. 2004-2005
- Best Teacher - John Dempsey Hospital, Surgery. 2004-2005 (*Awarded by Medical Students*)

Chris Niekrash - Assistant Professor of Surgery, UCHC Student Education

- Outstanding Teaching Award - 2004-2005 (Awarded by the 1st year Medical & Dental Students)
- Outstanding Teaching Award - 2004-2005 (Awarded by the 2nd year Medical & Dental Students)

Kristen Zarfos, Assistant Professor of Surgery, Division of General Surgery

- Women's History Month Award - This award recognizes that Kristen Zarfos has made a contribution to advancing the awareness of women's history by contributing to change. *March 2005 (Awarded by UConn Health Center)*

Faculty Hired or Departing

Cancer: Newly Recruited Faculty

- Chris Heinen, PhD
- Jennifer Bendiske, PhD
- Malini Iyer, MD

Cancer: 2005 Departures

- Mandeep Dhami, MD
- Kamal Shoukri, MD

Emergency Medicine and Traumatology New Faculty

- Aleksandr Gorenbeyn, MD
- Richard Kamin, MD
- Shawn London, MD

Emergency Medicine Faculty Departures

- Beth Degennario, MD

Laboratory Medicine Departure

- Margaret Grunnet, MD retiring.

Medicine New Faculty

- Anne Delany, PhD joined the Dept. of Medicine in both the Division of Endocrinology and the Center for Molecular Medicine.
- Sarah Dainiak joined us as a full time practicing internist in Simsbury.
- Deborah Dehertogh joined IMA as a practicing internist.
- Karen Garibaldi joined our UCHP office in West Hartford.
- Naghmeh Pooya joined us at the beginning of the 2005 academic year and rapidly developed a busy clinical practice at Seabury and the UCHC campus.
- Animita Saha joined IMA as a full time internist.
- Nicole Silverstein and Douglas D'Andrea, work as hospitalists and general medicine clinic preceptors.
- Lavern Wright has joined the Geriatrics Division.

Medicine Departures

- Philip Jaffe left to private practice.
- Susan Levine left to private practice.
- Gerard Kerins left to assume a leadership role at St. Raphael's Hospital in New Haven as their new Director of Geriatric Medicine.
- Victor Moyo leaving industry.
- Michael Grey left in November 2004 to Bay State Medical Center in Springfield.

Neonatal New Faculty

- John Casey, Neonatologist, July 2004
- Olumayowale Folaranmi, Neonatologist, November 2004
- Praveen Vijaykumar, House Physician, July 2005
- Swathanthra K. Melekote, House Physician, July 2005

Neonatal Departing Faculty

- Isabella Knox, MD

Neurology New Faculty

- Beverly Greenspan, general neurology

Neurology Departing Faculty

- Marvin Barwick, Retired.
- Divya Gupta, relocating to New York.
- Toni DeMarcaida, to private practice.
- Edward Fredericks retiring, February 2006.

Obstetrics and Gynecology New Faculty

- Elisa Gianferrari, MD, Maternal-Fetal Medicine at JDH & St. Francis Hospital and Medical Center.

Obstetrics and Gynecology Faculty Departures

- Alan Glassman, MD resigned June 30, 2005.

Psychiatry New Faculty

- Jayesh Kamath.

Psychiatry Departing Faculty

- James Duffy left the Huntington's Disease Program on June 30, 2005.
- Kevin Sevarino left to take a position at the Newington VA

Surgery New Faculty

General Surgery and Vascular Surgery

- Malini Iyer, MD (General Surgery)
- James Menzoian, MD (Vascular Surgery)

Ophthalmology

- Jehangir Durrani, MD
- Malcolm Roth, MD

Otolaryngology

- Kourosh Parham, MD
- Janet Rovalino, CCC - SLP (Speech Pathologist)

Pathology

- Ulrike Klueh, PhD

Center for Lab and Animal Care (CLAC)

- George Keech

Surgery Departing Faculty

General Surgery

- David Giles, MD
- George McGowan, MD, retired

Neurosurgery

- Ahmed Khan, MD to private practice

Otolaryngology

- Amy Boland, CCC-A (Audiologist)

UMG Program Enhancements

- Electronic medical record installation continues with the initial implementation of *Clinical Managers*, a Siemen's product, scheduled for the fall of 2005.
- UMG implemented outpatient patient satisfaction surveys in all clinical areas using Press-Ganey Patient Satisfaction Surveys.
- UMG participated in several campus wide performance improvement teams in the BEST Juran facilitated initiatives. BEST is an acronym which stands for "Breakthrough Excellence Service Teams." The three UMG BEST projects were: Reducing Late Charge Capture, Reducing Dropped Patient Phone Calls, and Improving Compliance with Advanced Beneficiary Notice Regulations.

- UMG developed plans and hired staff to establish a centralized Call Center for primary care appointments and telephone inquiries; this will become operational in FY06.
- UMG implemented new technology applications that will improve productivity and quality in the following areas:
 - Patient telephone inquiries
 - The reporting of patient diagnostic results
 - Patient “E –communications”
- UMG restructured a number of operating elements, such as float coverage and medical records to function more cost effectively.
- UMG held a management retreat during the year focused on staff development and management effectiveness.
- The management team established metrics for a Balanced Scorecard for the practice.
- Connecticut Cancer Clinical Trials Network: Due to the need to support a network of hospitals and outpatient settings in Connecticut, a statewide multidisciplinary network to accelerate new therapeutic strategies and to make available “state of the art” cancer therapies to all of the residents of CT was implemented. Charter members are Hartford Hospital, Leever, New Britain General Hospital, Yale-New Haven and the Neag Comprehensive Cancer Center.
- Colon Cancer Prevention Program: A multidisciplinary program integrating cores of basic, translational and clinical research. Its focus is on patients at high risk for colon cancer. The goal is to prevent colon cancer.
- The Cancer Signature Program Established a Clinical Trials Office and staffed with Jennifer Bendiske, PhD, Diane Noel, RN, Kim Jennings and Ruth Howard.
- Cancer established the Navigator Program “Woman to Woman”: The Navigator Program at the Neag Comprehensive Cancer Center at the UConn Health Center will provide support and guidance to women who are newly diagnosed with breast cancer. Recognizing that breast cancer can be emotionally overwhelming as well as physically challenging, this program will pair patients with trained volunteers who will navigate them through the series of steps involved in the care of patients with breast cancer, including physician appointments, chemotherapy treatments, radiation, surgery, support groups, and all other aspects encountered by these patients in the course of their treatment and follow-up.
- Multidisciplinary Pulmonary/Lung Cancer Clinic: Initiated in order to coordinate and standardize care for patients with cancer of the lung. This will also serve as an educational conference for post-graduates and faculty under the direction of Dr. Susan Tannenbaum.
- Fatigue/Depression Clinic: In collaboration with surgical/medical oncologists and psychiatrists to manage and care for patients with cancer-related fatigue and depression. Under the direction of Dr. Jayesh Kamath and the Department of Psychiatry.
- Bone Health for Oncology Patients: Management and screening of patients with cancer for bone disorders. Under the direction of Dr. Pam Taxel.
- Cancer Prevention and Screening Program for Women: A new way to help women understand their risk of cancer and prevention strategies. Under the direction of Phyllis Tarallo, FNP.
- Energy Healing: Helps cancer patients on a spiritual, emotional and physical level to support their body in the healing process by rebalancing or unblocking energy fields. Under the direction of Dr. Karen Prestwood.
- The Center for Indoor Environments partnered with state and federal agencies to continue its work in: bioterrorism training, targeted at both the public and health care providers; a program to evaluate work hazards in pregnancy; extension of the clinical and residency programs to provide service to Connecticut industry. The DOEM clinic and the Center for Indoor Environments assumed work-related health surveillance activities for the Dept. of Homeland Security as it established a new Hartford office.
- The Employee Assistance Program developed a Stress Management Program for first year residents in Primary Care Internal Medicine. This may become a pilot for other residency programs.
- Geriatrics Memory Program. A collaborative effort between Geriatrics, Psychiatry, Neuropsychology and Neurology has been initiated to expand the size and scope of services provided by the James EC Walker, MD Memory Assessment Program.
- Neonatal. The CORE Infant Data Project is a regional data base with data from 4 area NICU’s (funded through a grant from the Donaghue Foundation). The database has expanded to projects involving the DPH and other state agencies.

- OB/GYN. Enhanced the Down's syndrome Screening Program introduced to detect fetal abnormalities in the first trimester of pregnancy. Combined with a special ultrasound technique, nuchal ultrasound, the results are available within 13-14 weeks of gestation.
- Psychiatry introduced Child/Adolescent Services into Charter Oak Health Center and Hartford and CREC/Polaris in East Hartford.

UMG Facility Improvements

- Medical Arts & Research Building (MARB). UMG played a crucial role in the design of new clinical spaces in the Medical Arts and Research Building, and has helped to manage the completion of construction. We have moved and integrated four specialty departments to become the clinical components of the Musculoskeletal Institute, one of UCHC's Signature Programs.
- Administrative Services Building Conversion. A major new clinical space design project to be initiated over the summer of 2005 with the renovation of the Administrative Services Building.
- Minor renovations. UMG has managed a variety of minor renovation projects, including a new call center, a new computer training area for the implementation of electronic medical records, and renovations in our internal medicine and dermatology services in the East Hartford location as well as our ENT and Surgery practices in Farmington.

Faculty Development

- UMG held a retreat in November to explore challenging questions facing UMG. The Associate Dean for Clinical Affairs at the University of Chicago, Al Bothe, MD (also serving as the Physician Leader for the AAMC/UHC Faculty Practice Solutions Center) was the key note speaker.
- UMG has added new faculty in the Departments of Surgery (General Surgery, ENT, Vascular, Neurosurgery and Ophthalmology), Geriatrics, Medicine (Cardiology, Primary Care), Diagnostic Imagery & Therapeutics, Neurology, Pathology, Emergency Medicine and Traumatology and Ob-Gyn (MFM).
- Recruitments are underway to add or replace faculty in General Surgery, Neurosurgery, Endocrinology, Dermatology, Primary Care, Geriatrics, Surgical Oncology, Cardiology, MFM, and Neurology.

Safety Improvements

- UMG actively participated in a process improvement effort centered on JDH OR efficiency. This led to a significant enhancement in the processes related to pre-operative clearance and patient education. Patient cancellation rates and on time case start times have improved dramatically.

John Dempsey Hospital

John Dempsey Hospital (JDH) is the state's only acute inpatient care hospital. There are nearly 10,000 admissions, serving the needs of multiple communities across the state. JDH is recognized for advanced services in cancer, cardiology, musculoskeletal, geriatrics, neonatal and high risk maternal services, and psychiatric services, to name a few. Significant enhancements have been made across nearly all departments to enhance patient safety. Planning continues as JDH continues to grow to meet our future facility needs.

Safety

Tracking. Implemented systematic tracking of potentially adverse products through the introduction of "Product Hazard Alerts and Recalls" and ECRI Device Tracker web-based software to handle FDA product recalls and hazard alerts.

Medication Safety. Smart IV Pumps: Final phase of implementation of 436 new Alaris Medley Smart IV pumps (valued at \$2.3M). Contain a Pharmacy Library and Guardrails to reduce the risk of drug administration errors.

Magellan needle safety-devices implemented. The devices are attached to the needle and employ a one handed method to activate as recommended by OSHA.

LifeGuard Safety Infusion Set, 90° non-coring needle devices implemented. These are used to access implanted vascular ports to administer fluids and/or to withdraw blood. The device facilitates the safe removal of the needle by encapsulating the needle during vascular port de-accessing to help prevent needle stick injuries.

Falls & Employee Back Injury Reduction. Hospital Bed replacement program completed. VersaCare beds with special AIR mattress surface will improve patient safety and prevent employee back injuries as well as reduce patient falls.

Failure Modes & Effects Analysis (FMEA) - Intubation Trays: Clinical Engineering replaced all lamp-type Philips #2 with fiber optic Philips #2 blades. A follow up audit found the new outdate program working well.

NICU Medication Safety Initiatives

- Started using ‘whole number rounding’ for medication orders and IV Fluid additives in the NICU. This will decrease the times 10 dosing errors.
- NICU Root cause analyses done to identify sources of potential errors in ‘change of names’ in infants after birth. Protocol instituted to standardize the process and disseminate to all appropriate units to prevent errors of giving a drug to the wrong infant.
- A set of eight (8) state-of-the-art ventilators have been purchased and are being used in the NICU to improve an infant’s ability to breathe on the ventilator and safety features to decrease complications and facilitate earlier weaning off the ventilators.
- Eleven state-of-the-art neonatal incubators (“Giraffe”) purchased for use in the mico-premie population. These greatly improve the environment of care improving outcomes (survival).

OB implemented a new system via FEMA for reporting of infant blood types and for dispensing of Rhogam on RH negative mothers. The previous system relied on verbal reports and had a greater potential for error.

Mercury: As part of EPA initiative to remove mercury from health care facilities, Clinical Engineering coordinated the replacement of all mercury BP units in JDH and the clinics with Welch Allyn aneroid type BP units

Radiology. Implemented the use of the new Radiology Information System to improve mammography follow up.

Clinical Laboratory/ER Medicine. Evaluated effects of varying degrees of hemolysis on lab testing to be safely interpret tests during emergency situations. Establish policies to be utilized for handling hemolyzed ER blood specimens to avoid delays in patient care.

Gastroenterology: Introduced the routine use of ultrasound for liver biopsy guidance to reduce procedure risks.

Cancer: Standardized chemotherapy order sets for use in the patient safety system; development of new algorithms for treatment of common cancers.

Food Services: Developed an internal safety committee to review incidents, conduct monthly inspections to ensure following Hazard Analysis Critical Control Points (HACCP) food safety guidelines as well as taking physical safety precautions.

Program Enhancements

Major Facility Projects completed in FY2005:

- Medical Arts and Research Building
- Post Partum Expansion
- Newborn Nursery
- Gamma Camera Replacement
- Installation of new CT
- H3 Patient Lounge
- 4CI office suite
- Phase 2 of Dermatology Renovation – East Hartford
- Audiology Booth Installation – West Hartford
- Colbert Lobby was completed in late FY '04 but dedicated on 7/15/04

Radiation Oncology: The Department of Radiation Therapy was successfully transitioned from a contracted service to a JDH staffed department. This model has worked extremely well improving the communication and efficiency of the department.

Radiology.

- CT Scanner: Successfully completed a Certificate of Need (CON), purchase and installation of a 16 slice CT scanner. This unit has the capability of performing virtual colonoscopies and was the first 16 slice CT scanner in Farmington Valley.
- Gamma Camera: Purchased and installed a dual head gamma camera in Nuclear Medicine.
- MARB: Secured Certificate of Need, bid and purchased equipment for the MARB's all digital imaging department consisting of :
 - The first 0.6 tessa open MRI in the area
 - 16 slice CT scanner
 - 4 rad x-ray rooms
 - 1 fluoro x-ray room
 - 2 ultrasound / vascular systems
 - 2 Computerized Radiograph Readers (CR)
 - 1 Bone density unit
- Imaging Physician Access: Electronic image distribution system implemented. Allows imaging to be viewed on virtually any computer.

Rehabilitation and Sports Medicine. The Department of has hosted 7 continuing education seminars. Three courses presented in conjunction with the Department of Orthopedics.

Urban League Collaboration. Engaged Urban League of Greater Hartford participating in the Annual Urban League job fair for three consecutive years; became the primary sponsor of the job fair in FY05. Received recognition at appreciation award luncheon in July. Began working with the Director of the Urban League's medical office training program, The Phoenix Academy. The Health Center established an internship program which provides the practical training necessary for students to complete the full medical office certification from the Phoenix Academy program. Four interns hosted in our first year; in year two, the number increases to eleven, including students for the Pharmacy Tech program. The Health Center received an official resolution at the Urban League's Annual Meeting for the support of the Phoenix Academy internship program.

Siemens Patient Safety System. The June 2004 JDH implementation of the Siemens Invision system platform has enabled Clinical staff to receive immediate online access to lab, radiology and pathology results as well as access to dictated physician notes through the Lifetime Clinical Record. Substantial progress has continued on the next phase of JDH automation, Physician Order Entry (POE). This functionality will enable physicians to place orders online for lab, pharmacy, radiology, pathology, food and nutrition, GI, respiratory therapy, derm/path, rehab and cath lab in a format promoting patient safety through online interactive clinical edits. POE roll-out will begin in 4th quarter, 2005. These systems will greatly enhance patient safety.

Emergency Medicine Information System: IBEX PulseCheck. In conjunction with a complete redesign of ED workflow, fully automated and integrated support for ED clinical staff will be provided through the IBX PulseCheck ED System. Implementation activities are currently underway, with implementation scheduled for September, 2005. The new ED system will improve patient flow, increase the efficiency and accuracy of charge capture and improve access to medical records.

Nursing Department

There has been an overall focus on enhancing organizational structure, leadership development, staff satisfaction, nursing practice, patient satisfaction, performance improvement, labor relations, and collaboration with the School of Nursing.

Leadership

- **Precedent-setting Nursing Leadership Retreat.** Representatives from nursing in all leadership roles attended from both inpatient and outpatient practice settings (i.e., nurse administrators, nurse managers, clinical nurse specialists, nurse practitioners, education specialists, director of the collaborative center for clinical care improvement, patient safety nurse, infection control nurse, nurse recruiter, and patient relations).

School of Nursing

- **Education:** Engaged assistance from the School of Nursing to develop a summer student nurse internship program that offers senior students a five-week supervised clinical experience, (Mary Ellen Hobson is the on-site faculty person for this program), followed by a six week work experience on one of our units. There are nine students enrolled in the program, offering them a variety of clinical specialty areas for their placements. This program was designed as a means to recruit new graduate nurses to our facility at the time of their graduation next spring.
- **Demonstration Project:** We are working as partners on the Clinical Nurse Leader demonstration project, which was developed by the American Association of Colleges of Nursing (AACN). A joint proposal for establishing an endowed Chair in Nursing is also currently under development.

Awards and Recognition

- **Lynn Anderson**, Nurse Analyst working on the Siemens Patient Safety System, published an article entitled: "Aromatherapy with Peppermint, Isopropyl Alcohol, or Placebo is Equally Effective in Relieving Postoperative Nausea" in the *Journal of PeriAnesthesia Nursing*. She was then awarded the Mary Hanna Memorial Journalism Award at the American Society of PeriAnesthesia Nursing National Conference.
- **Barbara Baron**, ICU staff nurse, completed the Acute Care Nurse Practitioner Program at the University of Connecticut.
- **Carlene Bartolotta**, Director of Patient Relations, was named as a "2005 Healthcare Hero" by the Connecticut Hospital Association, and was recently honored at their annual meeting.
- **Paula McCauley**, ICU, APRN, was appointed as a Lecturer and Part-Time Faculty Member at the University of Connecticut School of Nursing for the MEibn and Acute Care Nurse Practitioner Programs.
- **Bozena Padykula**, Gero-Psych staff nurse, became board certified in Advanced Holistic Nursing.
- **Gina Reinert**, Case Manager for Psychiatry, completed her Master's Degree in Nursing at St. Joseph's College, and passed her APRN exam.
- **Rhea Sanford**, Director of Performance Improvement and Patient Safety, and Co-Director of the Collaborative Center for Clinical Care Improvement, received the Eleanor K. Gill Outstanding Alumni Award for Clinical Excellence in Nursing from the University of Connecticut School of Nursing.
- **Carol Schramm**, Perioperative Clinical Nurse Specialist, was named as a finalist for this year's Connecticut State Nurse of the Year Award.

- **Patricia Tracey**, Assistant Nurse Manager, OB/GYN, was named as a “2005 Healthcare Hero” by the Connecticut Hospital Association, and was recently honored at their annual meeting.
- **Elizabeth Zibell**, Nurse Analyst working on the Siemens Patient Safety System, completed her Masters Degree in Nursing at the University of Hartford.

The Nightingale Awards for Excellence in Nursing 2005 Winners

- **Kathleen Coyne, Nurse Manager, ICU**
The first to arrive on her shift and the last to leave, Kathleen’s high standards for care have become her ICU’s benchmarks. A natural leader, she is active in parish nursing, Habitat for Humanity and a soup kitchen.
- **Lois Diehm, Clinical Nurse IV, NICU**
Midway through her 38-year career, Lois made the transition from caring for adults to caring for UConn’s tiniest patients...and never looked back. A flexible and eager member of the NICU staff, she participates on hospital committees and testifies before the Legislature on nursing issues.
- **Denise Mazzamurro, Assistant Nurse Manager, PACU**
No job is too big or too small for Denise. She willingly takes assignments of all sizes, doing whatever it takes to make a positive impact on patient care. Denise volunteers for multiple committees and teaches CPR to staff and community members.
- **Miriam Medina, Assistant Nurse Manager, Medicine-4**
Patients call Miriam an angel. A cancer survivor herself, Miriam approaches nursing as few nurses can. She is a nurse with deeply spiritual connections to the people in her care. A theology student, Miriam also travels to the Dominican Republic on medical, educational and spiritual missions for the poor.
- **Ellen Oliver, Clinical Nurse 2, Neag Comprehensive Cancer Center**
Ellen is a standard-bearer for the UConn Cancer Program. Respect, kindness, dignity, individualized attention and accessibility are central to her care. She arrives at work early, leaves late and is flexible to meet patients’ needs. She also volunteers for Cancer Survivor Celebrations and Habitat for Humanity.
- **Gina Reiners, Case Manager, Psychiatry**
A hard-working behavioral health case manager, Gina is a strong leader able to make and maintain meaningful collaborative relationships across disciplines to ensure quality and timely care for patients. Gina also volunteers as a community health educator and as a pianist.

2005 Clinical Ladder Promotions: Recognition of Excellence in Clinical Practice at the Patient’s Bedside

Clinical Nurse III Promotions:

- **Rhiannon Armstrong**, Staff RN, Surgery 7
- **Marianne Chapman**, Staff RN, Maternal-Fetal ICU/Labor & Delivery
- **Jeanine Childree**, Staff RN, Surgery-7
- **Joan Dinnald**, Staff RN, Medicine-4
- **Nancy Erman**, Staff RN, Emergency Department
- **Lisa Gentile**, Staff RN, Maternal-Fetal ICU/Labor & Delivery
- **Sharon Goulet**, Staff RN, Maternal-Fetal ICU/Labor & Delivery
- **Deborah Hintz**, Staff RN, Maternal-Fetal ICU/Labor & Delivery
- **Toni Leers**, Assistant Nurse Manager, Maternal-Fetal ICU/Labor & Delivery
- **Miriam Medina**, Assistant Nurse Manager, Medicine-4
- **Michael McCray**, Assistant Nurse Manager, ICU
- **Mary Napomiceno**, Staff RN, Float Pool
- **Bozena Padykula**, Staff RN, Geri Psych-3
- **Dorota Pawlak**, Staff RN, Cardiac Stepdown Unit
- **Heidi Rose**, Staff RN, Endoscopy
- **Caryl Ryan**, Assistant Nurse Manager, ICU
- **Heather Salerno**, Staff RN, Maternal-Fetal ICU/Labor & Delivery

- **Laura Sinisgalli**, Staff RN, Endoscopy
- **Susan Tancredi**, Assistant Nurse Manager, Medicine-4
- **Brenda Wagner**, Staff RN, Maternal-Fetal ICU/Labor & Delivery

Clinical Nurse IV Promotions:

- **Linda Rivard**, Staff RN, Cardiac Stepdown Unit

Productivity and Cost Improvements:

- **Grab ‘n Go Project:** Performance improvement project led by Dan Benjamin, Administrative Officer in the Department of Nursing, and Janet Perri, Lead Respiratory Therapist. Process improved patient safety, staff efficiency, (i.e., wasting time hunting for equipment), and costs, (i.e., rental fees for the tanks and purchase of the regulators). Janet Perri, Lead Respiratory Therapist. A combination cylinder-regulatory is now available to “grab ‘n go” making available all the necessary oxygen equipment for patient transport. It is estimated that the facility will save approximately \$30,000 annually.
- **Cardiac Cath Lab:** Cost Savings: Maureen Worley, RN, Clinical Nurse Supervisor, and Dr. Michael Azrin, Medical Director in the Cath Lab identified a cost savings opportunity of approximately \$150,000 related to vendor contracts for cardiac stents.

Facility Improvements

- **Obstetrics Renovation:** Completed a renovation project that yielded four more private rooms; there are now 14 private rooms out of our 18 bed capacity. Each room has a sleeper chair for the father and/or significant other to room in. The entire unit was updated, including the family lounge, with appropriate window treatments and artwork, giving a fresh face to the entire area.
- **Geri-Psych 3 Renovation:** A modest renovation was done to provide patients with appropriate “community space.” Space was segregated for staff work (i.e. the elevated center of the circle) from the community space, providing a confidential area for documentation, as well as a visual vantage point for patient observation around the entire unit.

Faculty Hired or Departing

- **Action Nurse**
The Action Nurse patient safety role was developed by Shelley Dietz, Nurse Manager for Patient Flow and Nursing Staffing Resources. There are three nurses who have been hired into the positions, providing coverage between 11:00 a.m. and 11:30 p.m. seven days per week. The Action Nurses are critically-care trained nurses, who are always available to assist with unstable or crashing patients. They are mobilized to the area of most need via pager. Their urgent priorities include: code blue response, monitoring and transporting critically ill patients to the ICU and/or to other departments for special procedures, assisting physicians with lengthy procedures, assisting with conscious sedation, and assisting with patient flow, (i.e., admissions, transfers, discharges).

Center for Correctional Mental Health Services Research

In collaboration with the Department of Correction, Correctional Managed Health Care, and the Department of Psychiatry, the Center for Correctional Mental Health Services Research over the last five years has become one of the nation's largest centers conducting jail and prison based research on mental health services. Our work is receiving national and international recognition and bringing positive attention to the work we do in providing mental-health care to the incarcerated citizens of Connecticut.

Awards and Recognitions

The Center currently has five funded research programs and has recently completed a sixth funded project. Funding has been provided by the National Institute of Justice, the National Institute of Mental Health, the Department of Justice, and through investigator initiated awards from two pharmaceutical companies. All work has been conducted meeting the highest federal standards for ethical research. Dr. Trestman, the director of the center, has recently been commissioned by the Institute of Medicine to write a paper that will help guide deliberations on potential changes to federal oversight of prisoner research. The work of the Center has been presented at five national and international meetings during academic year 2004-2005, three papers have been submitted for peer review, and two papers in non-peer review press. Dr. Trestman has been selected by the National Institute of Mental Health to participate on three Initial Review Groups for grant review of prison based research.

Programs

Recently completed work has developed what may become the new standard for mental health screening in jails. This work, funded through a congressional earmark and managed through the National Institute of Justice, was conducted under the leadership of Doctors Julian Ford and Robert Trestman. It will be distributed through the National Institute of Correction to the nations 3,500 jails.

Currently funded work is adapting evidence based psychotherapy for the treatment of impulsively aggressive adolescent boys, adult men, and adult women with mental illness in DOC facilities; adapting psychopharmacologic management for the treatment of bipolar disorder for optimum use in correctional settings that is based on expert consensus and evidence based practice; building a mental health services research infrastructure to support quality assurance and quality improvement throughout the Department of Correction mental health service delivery system; assessing the use and utility of selected medications for treating impulsivity in several correctional populations.

Other

Ongoing collaborations with CMHC and DOC are supporting multiple information technology initiatives, pharmaceutical management opportunities, and the integration of psychiatry faculty into evidence based protocols within the DOC. This collaboration is a demonstration of the value University of Connecticut Health Center can bring to public sector service delivery needs in disenfranchised populations in Connecticut, linking workforce development, education, and research opportunities together in support of the continued growth of a premier public university medical school.

Correctional Managed Health Care (CMHC)

Correctional Managed Health Care (CMHC) is a UCHC clinical program that provides medical, mental, dental, and pharmacy services to the Department of Correction (DOC). Over 600 CMHC healthcare professionals are responsible for providing these services to approximately 19,000 incarcerated individuals located throughout the State in jails, prisons, and halfway houses. Our annual budge is approximately \$84 million. We are the only academic medical center that provides health services to an entire State Department of Corrections.

Awards and Recognition

- Five CMHC nurses were speakers at the 4th annual education seminar of the International Association of Forensic Nurses, Forensic Nursing: Caring Behind Bars.
- Two CMHC nurses received Nightingale Awards for Excellence in Nursing from the Visiting Nurses Association: Kathleen A. Salomone, APRN MS MSW, Program Manager for Halfway Houses/Discharge

Planning; Kenneth Avery RN BSN CHNS, Correctional Hospital Nursing Supervisor at Hartford Correctional Center.

- York Correctional Institution, the first combined female prison/jail to receive accreditation by the National Commission on Correctional Health Care (NCCHC) in 2002, was re-accredited in June 2005.

New Programs

- Mental Health: Increased mental health staffing and programming at Garner Correctional Institute to help DOC comply with a stipulated agreement on housing and treatment of the seriously mentally ill. Obtained \$1.3M additional funding from legislature to cover the increased expense.
- HIV Testing: Introduced a new rapid testing kit to our HIV Prevention Program, letting the counselor combine testing with pre and post-test counseling in a single visit. Ours is one of the first programs in the country to adopt this new technology.

Program Enhancements

- Patient Care: Increased clinical care available to inmates in community release (halfway house) programs, reducing need for return to prison for care.
- Patient Discharge: Working with state and federal agencies, arranged for many releasing inmates to immediately have access to entitlements, allowing smooth transition to community-based health and mental health resources.
- Expanded contract with Connecticut Court Support Services Division, adding clinical leadership to a new QA process.
- Research: Added a fourth clinical research project to the three already in progress – all in aspects of mental health specific to the correctional environment. (Total value of grants, \$6.37M).

Efficiencies

- Medical/Mental Health Consolidation: Consolidated medical services state-wide to match resources with inmate need. DOC moved more than 2000 inmates, and CMHC redeployed 38 staff positions, reducing unfilled vacancies by approximately 20% and reducing mandated overtime and pool nursing, with a projected annualized savings of approximately \$2.5M.

Facility and Infrastructure Improvements

- Information Technology: Continued build-out of computer network, installing 210 workstations and 21 printers in an environment that previously had minimal automation. Trained all staff on use of the first stages of the Siemens Patient Safety System. Went live at start of fiscal year, incorporating data feeds from the DOC system for patient demographics and tracking.
- Pharmacy Robotics: Added a 3rd Automated drug dispensing robot to meet the challenge of dispensing 3500 prescription per day.

Faculty

- New Director of Mental Health Services recruited. Steven Helfand, PsyD. Dr. Helfand joined CMHC with 13 years experience in forensic psychology, and had directed large mental health programs at the Nassau County and New York City jails. He is Chairman of the Board of Directors of the Academy of Correctional Healthcare Professionals.

Conclusion

UConn Medical Group, John Dempsey Hospital and the Correctional Managed Health Care Programs are the clinical delivery arms for UConn Health Center. Significant progress has been made in each of six clinical enterprise goals defined in cooperation with the Board of Directors: quality and patient safety; community connections; academic connections; work place of choice; management effectiveness; and enhancing our reputation. We have seen continued growth and focus in the signature programs in cancer, cardiovascular medicine and musculoskeletal medicine.

There remain significant challenges ahead for the clinical enterprise including aging and contained physical facilities, recruitment and retention of talented academic faculty and leadership to meet the clinical and academic needs of the future. Also, there remain financial pressures in all domains. The CMHC program underwent a major restructuring to assure better care and sustained long term cost savings; those savings accrue to the citizens of Connecticut, without direct return to the clinical enterprise of the Health Center. The faculty and management for UMG and JDH have aggressively managed expenses. These savings provide a source of funds for reinvestment in staff and infrastructure.

Personnel related issues continue to present challenges. Nursing and other technical staff shortages have resulted in a high level of competition among health care providers for personnel. Recruitment and retention of staff are an ever present focus. Additionally fringe benefit rates for UCHC state employee personnel exceed market rates and increases outpace competitors; fringe benefit rates are outside of the control of UCHC and will continue to impact the UCHC cost structure.

Faculty recruitment and retention is also a primary focus. UCHC competes for faculty with other academic health centers, national and local competitors, and private practice. UCHC's ability to compensate physicians is constrained, as in all academic health centers, relative to the market due to our infrastructure and personnel costs, investments in patient safety and technology. The multi-specialty nature of UMG requires cross subsidization, a concept unattractive to some highly productive sub-specialists. Community based providers have expanded their products and services to expand their revenue streams by controlling technical earnings formerly accruing to hospitals (e.g. diagnostic radiology and laboratory services, rehabilitation services, and ambulatory surgery services).

Reimbursement rate pressures continue for UCHC, as well as other institutions and providers. Increases in government and private payer rates are not keeping pace with provider costs. UCHC, like other provider entities, continues to seek out and execute growth initiatives, identify new sources of revenue, and expand new products and services, in order to offset fixed infrastructure costs and enable our future success.

Despite the often grim financial realities, this is a very exciting time for the Health Center. We have seen major advances in minimally invasive surgery (i.e. endovascular surgery), the application of advanced medical technology to evaluate and care for patients (i.e. 16 slice CT scanner) and we are on the brink of using computer based orders with embedded logic to detect and prevent potential medical errors. Over the course of the past five years we have modernized nearly all of our information systems as well as our imaging department, now with state of the art filmless/digital imaging equipment. Our work processes in all venues will rapidly shift as these new systems transform and improve care.

The Health Center has joined forces with the Storrs campus to embrace performance improvement (PI) through collaboration with the Juran Institute. Juran is an internally recognized training institute for performance improvement. The application of performance improvement techniques for problem solving is very powerful. In many industries, including health care, PI has radically enhanced performance. Within the clinical enterprise performance improvement techniques have been incorporated into the newly formed Collaborative Center for

Clinical Care Improvement, whose goal is to facilitate becoming the safest hospital in Connecticut. Along these lines many safety enhancements have been implemented and we have taken steps toward becoming a “high reliability” organization. High reliability organizations anticipate potential problems, plan for them and implement preventative solutions. This is reflected in this report through numerous failure mode and effects analysis (FMEA). Because these efforts are in alignment with pay for performance, initiatives driven through private and public payers, we anticipate being well positioned for the future.

We are grateful for the insight, guidance and support we have received from the Clinical Affairs Committee and the Board of Directors. The six goals described above are just as relevant for the upcoming fiscal year. Successful recruitment remains a lynchpin for our success. Faculty contributions cannot be understated. They are the foundation in anything we undertake. We will continue our growth through ongoing and developing partnerships with community physicians, hospitals and state agencies. We anticipate that through this growth we will be able to make contributions not only to the patients and families we treat, but to develop techniques to enhance care that we will share with the larger healthcare and patient community. This will require investment in our facilities, information technology and people to accommodate growth and to keep pace with the demands of modern healthcare. Indeed, a very exciting and challenging time for us all.